



## Environmental Public Health Consortium Complaint/Inquiry Form

Date:	
Property Address or Location with Concern	
Property Owner (if known)	
Please describe in detail the issue(s) to be address	ed:
Follow up on complaints will not be completed unless the following information is provided and the complaint form is signed. All information will be kept confidential in accordance with WI State Statute 19.35 (1) (a) 2.	
Person Filing Complaint/Inquiry	Phone Number
r croon r innig complaint inquiry	Thore ramber
Address	
Signature	
For Office Use Only	
Complaint Type:	
Complaint Referred to:	
Data Openad:	Data Clasade